

D 3-12-0
PART B - FEE(S) TRANSMITTAL

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23913 7590 01/28/2002

PFIZER INC
150 EAST 42ND STREET
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NEW YORK, NY 10017-5612

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/7424,104	11/18/99	Brian S. Bronk	PC9576A	7559
TITLE OF INVENTION: 4"-SUBSTITUTED-9-DEOXO-9A-AZA-9A-HOMOERYTHROMYCIN A DERIVATIVES				

TOTAL CLAIMS	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
12	nonprovisional	NO	\$1280	\$0	\$1280	03/11/02

EXAMINER	ART UNIT	CLASS-SUBCLASS
Peselev, E.	1623	536/007.400

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.36). Use of PTO form(s) and Customer Number are recommended, but not required.

 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Dr. Peter C. Richardson

Dr. Paul H. Ginsburg

Dr. Jeffrey N. Myers

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Pfizer Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

New York, NY

Please check the appropriate assignee category or categories (will not be printed on the patent) individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

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 Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies 10 The Commissioner is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 5-1445 (enclose an extra copy of this form).

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